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Patricia Andrews at ricia Lieu (Signature Decembêr 9, 2005

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/600,158	06/20/2003	Xin Wei Wang	015280-367200US	5806

TITLE OF INVENTION: METHODS FOR IDENTIFYING INHIBITORS OF GADD45 POLYPEPTIDE ACTIVITY AND INHIBITORS OF SUCH ACTIVITY

EXAMINER EXAMINER ART UNIT CLASS-SUBCLASS CHISM, BILLY D 1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Change of correspondence address or indication for "Fee Address" (37 CFR 1.363). Change of correspondence address or indication for "Fee Address" (37 CFR 1.363). Change of correspondence address (or Change of Correspondence Address from PTO/SB/1/22) attached. Change of correspondence address (or Change of Correspondence Address from PTO/SB/1/22) attached. Change of correspondence address (or Change of Correspondence Address indication (or "Fee Address" Indication from PTO/SB/1/22) attached. Change of correspondence address or indication form PTO/SB/1/22) attached. (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the names of up to 3 registered patent attorneys or agents. If no name is listed, no name will be printed. 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for a substitute for filing an assignment. (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY) The Government of the United States, as represented by the Secretary of the Department of Health and Human Services, Rockville, MD 20852–3804, USA Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government of the Ce(s): A check in the amount of the fee(s) is enclosed. Payment of Fee(s): A check in the amount of the fee(s) is enclosed. Phyment by credit card. Form PTO-2038 is attached. Che Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 20–1430 Cenclose an extra copy of this form). S. Change in Entity Status (from status indicated above) A Applicant claims SMALL ENTITY status. See 37 CFR 1.	APPLN. TYPE	SMALL ENTITY	ISSUE FEE		PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
CHISM, BILLY D 1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). 1. Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) strached. 1. Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) strached. 2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent). (2) the name of a single firm (having as a member a registered patent attorney or agents. If no name is listed, no name will be printed. 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY) The Government of the United States, as represented by the Secretary of the Department of Health and Human Services, Rockville, MD 20852–3804, USA Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government of the Director of the Usprion of Country of the Department of the Director is hereby authorized by charge the required fee(s), or credit, any overpayment, to Deposit Acount Number 20–1430 (enclose an extra copy of this form). 3. Change in Entity Status (from status indicated above) A Applicant claims SMALL ENTITY status. See 37 CFR 1.27(g)(2). The Director of the Usprio is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above. In the sace of the Usprion identified above on the patent of the p	nonprovisional	NO	\$1400		\$0	\$1400	
1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). 2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the names of up to 3 registered patent attorneys or agents OR, alternatively, (3) ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY) The Government of the United States, as represented by the Secretary of the Department of Health and Human Services, Rockville, MD 20852–3804, USA Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government 4a. The following fee(s) are enclosed: 4b. Payment of Fee(s): 4c. States of the amount of the fee(s) is enclosed. Publication Fee (No small entity discount permitted) Action Fee (Fee): 4b. Payment of Fee(s): 4c. Change in Entity Status (from status indicated above) 4c. Applicant claims SMALL ENTITY status. See 37 CFR 1.27(g)(2). The Director of the USPTO is requested to apply the Issue Fee and Publication Fee (if amy) or to re-apply any previously paid issue fee to the application identified above. Authorized Signestor. Authorized Signestor. Decomber 10 2005	EXAMINER		ART UNIT		CLASS-SUBCLASS] .	
Change of correspondence address (or Change of Correspondence Address from PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/17; Rev 03-02 or more recent) attached. Use of a Customer Number is required. 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY) The Government of the United States, as represented by the Secretary of the Department of Health and Human Services, Rockville, MD 20852-3804, USA Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government (a. The following fee(s) are enclosed: Advance Order - # of Copies 15 Saue Fee Publication Fee (No small entity discount permitted) Advance Order - # of Copies 15 Change in Entity Status (from status indicated above) Advance Order - # of Copies 15 Change in Entity Status (from status indicated above) Applicant claims SMALL ENTITY status. See 37 CFR 1.27. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27. Applican	CHISM, BILLY D				424-085100		
Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government 4a. The following fee(s) are enclosed: 4b. Payment of Fee(s): A check in the amount of the fee(s) is enclosed. Publication Fee (No small entity discount permitted) Advance Order - # of Copies	CFR 1.363). Change of correspond Address form PTO/SB/12 "Fee Address" indicat PTO/SB/47; Rev 03-02 c Number is required. 3. ASSIGNEE NAME AND PLEASE NOTE: Unless recordation as set forth in	eence address (or Change of 22) attached. ion (or "Fee Address" Indica or more recent) attached. Use RESIDENCE DATA TO B an assignee is identified be 37 CFR 3.11. Completion of	Correspondence tion form of a Customer E PRINTED ON 1 low, no assignee of this form is NO	(1) the na or agents (2) the na registered 2 registered listed, no reference will app I a substitute	mes of up to 3 registered pater OR, alternatively, me of a single firm (having as a attorney or agent) and the nam de patent attorneys or agents. If name will be printed. (print or type) ear on the patent. If an assign for filing an assignment.	a member a les of up to no name is 2 and 3 ee is identified below, the contact of the same and t	Crew LLP
4b. Payment of Fee(s): Sisue Fee	of Health and 1	Human Services,	Rockvill	e, MD 2	.0852-3804, USA	·	
5. Change in Entity Status (from status indicated above) \[\begin{align*} \text{ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.} \end{align*} \] \[\begin{align*} \text{ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).} \] The Director of the USPTO is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above. Interest as shown by the records of the United States Patent and Trademark Office. \end{align*} \] Authorized Signeture \[\text{Decombe are 0 2005} \] \[\text{Pagents of this form).} \]	Issue Fee Publication Fee (No sr	enclosed: nall entity discount permitted	4b	Payment of A check i Payment The Dire	Fee(s): in the amount of the fee(s) is end by credit card. Form PTO-2038	closed. is attached. narge the required fee(s), or	credit any overnayment to
Authorized Signature Document 0 2005	a. Applicant claims SN	ALL ENTITY status. See 3	7 CFR 1.27.	b. Applica	ant is no longer claiming SMAI	L ENTITY status See 37 C	FR 1 27(a)(2)
Typed or printed name Chuan Gao Registration No. 54,111	Authorized Signature		and Trademark	Office.	Date De	ecember 9, 2005	

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TRANSMITTAL FORM

Application Number 10/600,158

Filing Date June 20, 2003

First Named Inventor Wang, Xin Wei

Art Unit 1654

Examiner Name CHISM, Billy D

Attorney Docket Number 015280-367200US

(to be used for all correspondence after initial filing)

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